

Nevada State Board of Dental Examiners

William G. Pappas, D.D.S.
President



Michael C. Lloyd, D.D.S.
Secretary-Treasurer

6010 S. Rainbow Blvd., Bldg. A, Ste. 1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

VOLUNTARY SURRENDER OF LICENSE

STATE OF _____

COUNTY OF _____

I, _____, hereby surrender my Nevada
Dental /Dental Hygiene (circle one) license number _____ on _____ day of
_____, 20____.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Licensee Signature

Date

Notary Seal

Notary Signature